

Approved For Release 2009/04/02 : CIA-RDP89-00244R000500920011-9

Security Non-Office Requirements

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Complete one form for each separate equipment item.

Complete this form only for the equipment rated greater than 120V., 20A or requiring special electrical/mechanical connections

Existing Room No. _____
Organizational Component
(Office/Division/Branch) OS/TSD
Equipment Description _____
Manufacturer _____ Quantity _____
Model No. _____

Length _____
Width _____
Height _____
Weight _____

Special Dimensions Required _____

See attached description of requirements.

Mounting

☐ Ceiling Mounted _____
☐ Bolted to Floor _____
☐ Wall Mounted _____
☐ Vibration Pads _____
☐ _____

Mechanical HVAC

☐ Integral Fan
(See rating on name plate) _____ CFM
☐ Exhaust Connection _____ CFM
☐ Heat Ejection _____ BTU/Hr.

Special Venting Conditions

☒ Canopy Hood Paint Booth Type
☐ Dust _____
☐ Noxious Fumes _____
☐ Corrosive Fumes _____

Electrical

All electrical equipment will have an identifying nameplate. Copy complete data

Volts 380 Phase 3 φ
Amps 50 Watts _____
Horsepower 10 KVA _____

Power Factor

☐ Emergency Power ☒ Critical Power (UPS)
☐ Voltage Regulation _____
☐ or ON/OFF Switch _____
☐ Plug Connection _____
☐ Conduit Connection _____
☐ Communication Connection _____

Special Air Requirements

☒ Filtered Air _____
☒ Temperature 68 %F
☒ Relative Humidity 50 %
☐ _____

Usage

Describe the user patterns. (How often and how long?)

☐ Continuous Use _____ Hrs.
☐ Long Duration Use _____ Hrs.
☐ Short Duration Use _____ Min.
☐ Cyclical Operation _____ Duration of Cycle
_____ Cycles/Hr.

Mechanical Plumbing

☐ Hot Water _____ GPM Temp. _____
☐ Cold Water _____ GPM Temp. _____
☐ Distilled Water _____ GPM Temp. _____
☐ Chilled Water _____ GPM Temp. _____
☐ Natural Gas _____ CFM PSI _____
☐ Compressed Air _____ CFM PSI _____
☐ Vacuum _____
☐ Drain _____
☐ _____
☐ _____

Note:

Info provided Date 4 Mar 83

Attach any additional technical data obtained from manufacturer's catalog and user manuals.

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This survey is to facilitate the design of optimum lighting systems. It is to be completed by one representative employee of each general type of space.

Branch Designation

OS/TSD

Space Description

1. Estimate the hours that you spend on the following tasks during a typical eight hour day.

a. reading/writing	<u>3</u>
b. drafting	<u>1</u>
c. typing	<u>2</u>
d. light table viewing	<u> </u>
e. CRT screen viewing	<u>2</u>
f. microfilm reader viewing	<u> </u>
g. other	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

b. How important is it to perform the the above tasks rapidly?

1 (not critical) 10 (critical)

c. How important is it to perform the the above tasks accurately?

1 (not critical) 10 (critical)

2. Estimate the percentage (10% increments) of your reading/writing time that you spend on the following types of materials. Also note the color of paper used.

Material	%of Time	Color
a. pencil/lead	<u>25</u>	<u>yellow</u>
b. pen/ink	<u>20</u>	<u>yellow</u>
c. typed or printed material	<u>25</u>	<u>white</u>
d. xerox copies	<u>25</u>	<u>white</u>
e. photographs	<u> </u>	<u> </u>
f. maps	<u> </u>	<u> </u>
g. magazines/journals	<u>5</u>	<u>white</u>
h. other	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

4. Check the special lighting criteria that would apply to this space.

a. dimming of lights	<u>X</u>
b. RF shielded light fixture	<u>X</u>
c. special color rendering characteristics	<u> </u>
d. special filters for photographic processing	<u> </u>
e. other	<u> </u>
<u> </u>	<u> </u>

5. Indicate any other pertinent information for this space that may impact the lighting design.

3. Check the appropriate answer.

a. A majority of the occupants are between the ages of:

15 - 39 yrs. old	<u>X</u>
40 - 54 yrs. old	<u> </u>
55 - 75 yrs. old	<u> </u>

This survey is to facilitate the design of optimum lighting systems. It is to be completed by one representative employee of each general type of space.

Branch Designation OS/PSD
 Space Description SECURITY CONTROL CENTER
24 hr operation

1. Estimate the hours that you spend on the following tasks during a typical ~~eight~~ hour day.

24

a. reading/writing	<u>50%</u>
b. drafting	_____
c. typing	_____
d. light table viewing	_____
e. CRT screen viewing	<u>50%</u>
f. microfilm reader viewing	_____
g. other	_____
_____	_____
_____	_____

2. Estimate the percentage (10% increments) of your reading/writing time that you spend on the following types of materials. Also note the color of paper used.

Material	%of Time	Color
a. pencil/lead	<u>10</u>	<u>Yellow/White</u>
b. pen/ink	<u>15</u>	<u>Yellow/White</u>
c. typed or printed material	<u>50</u>	<u>White</u>
d. xerox copies	<u>25</u>	<u>White</u>
e. photographs	_____	_____
f. maps	_____	_____
g. magazines/journals	_____	_____
h. other	_____	_____
_____	_____	_____
_____	_____	_____

- b. How important is it to perform the the above tasks rapidly?

1 (not critical) 10 (critical)

- c. How important is it to perform the the above tasks accurately?

1 (not critical) 10 (critical)

4. Check the special lighting criteria that would apply to this space.

a. dimming of lights	<u>X</u>
b. RF shielded light fixture	<u>X</u>
c. special color rendering characteristics	<u>X</u>
d. special filters for photographic processing	_____
e. other	_____

5. Indicate any other pertinent information for this space that may impact the lighting design.

3. Check the appropriate answer.

- a. A majority of the occupants are between the ages of:

15 - 39 yrs. old	<u>X</u>
40 - 54 yrs. old	_____
55 - 75 yrs. old	_____

Existing Room No. SECURITY CONTROL CENTER
Organizational Component OS/PSD
Equipment Description _____
Manufacturer _____ Quantity _____
Model No. _____
Special Dimensions Required _____

Length _____
Width _____
Height _____
Weight _____

Mounting

- ☐ Ceiling Mounted _____
☒ Bolted to Floor _____
☐ Wall Mounted _____
☐ Vibration Pads _____
☐ _____

Mechanical HVAC

- ☐ Integral Fan (See rating on name plate) _____ CFM
☒ Exhaust Connection _____ CFM
☐ Heat Ejection _____ BTU/Hr.

Special Venting Conditions

- ☐ Canopy Hood _____
☐ Dust _____
☐ Noxious Fumes _____
☐ Corrosive Fumes _____

Electrical

All electrical equipment will have an identifying nameplate. Copy complete data

Volts 120 Phase 1
Amps 200 Watts _____
Horsepower _____ KVA _____
Power Factor _____

- ☒ Emergency Power ☐ Critical Power (UPS)
☐ Voltage Regulation _____
☐ or ON/OFF Switch _____
☐ Plug Connection _____
☐ Conduit Connection _____
☐ Communication Connection _____

Usage Describe the user patterns. (How often and how long?)

- ☒ Continuous Use 24 Hrs.
☐ Long Duration Use _____ Hrs.
☐ Short Duration Use _____ Min.
☐ Cyclical Operation _____ Duration of Cycle
_____ Cycles/Hr.

Special Air Requirements

- ☐ Filtered Air _____
☒ Temperature 68 %F
☒ Relative Humidity 50 %
☐ _____

Mechanical Plumbing

- ☐ Hot Water _____ GPM Temp. _____
☐ Cold Water _____ GPM Temp. _____
☐ Distilled Water _____ GPM Temp. _____
☐ Chilled Water _____ GPM Temp. _____
☐ Natural Gas _____ CFM PSI
☐ Compressed Air _____ CFM PSI
☐ Vacuum _____
☐ Drain _____
☐ _____
☐ _____

Attach any additional technical data obtained from manufacturer's catalog and user manuals.

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